



HISTORIC DISTRICT NOMINATION FORM 'B'

Please read instructions before filling out this form.

Please type or print all entries and complete all sections – indicate N/A if not applicable.

1. NAME OF PROPOSED DISTRICT

historic name(s)

common or current name(s)

2. DISTRICT LOCATION and LEGAL DESCRIPTION

General description of proposed district boundaries:

(ie. roughly bounded by 5th Street to the north, mid-block of 8th and 9th Streets, then from Indiana Street on the west to the M.K. & T. Railroad right-of-way on the east.)

Any deed restrictions apply to properties within the district? _____ Yes _____ No

IF yes, please outline on a continuation sheet.

3. OWNER(S) OF PROPERTY

A). List all properties in the proposed district by address, including name of owner and indicate which properties are contributing or noncontributing. Please number the properties and include them in a District Sketch Map of the proposed area for designation. (*Refer to Continuation sheets – Appendix C*)

B). Property Owner Response Forms:

Approved Property Owner Response Forms (*Refer to Appendix D*) that provide a minimum of **75%** signature consent/support by the property owners in the area of designation along with the required filing fee must be submitted prior to consideration by the City Landmark Commission as a complete application.

4. TAX ASSESSMENTS

For Items #2, #3, and #4, please attach the Wichita County Appraisal District records for each property within the proposed district.

5. CLASSIFICATION

Zoning Classification: _____

Any Proposed Structures, Buildings, or Sites Currently Designated? _____ Yes _____ No

IF yes, are they: ___ National date ___ / ___ / ___
 ___ State Marker date ___ / ___ / ___
 ___ Wichita Falls Landmark date ___ / ___ / ___

Please list those properties that have individual designations:

Property Address: Type of Designation:

Present Use Within Proposed District:

Please check all that apply to the proposed district.

_____	Commercial	_____	Park
_____	Arts / Entertainment	_____	Private Residence(s)
_____	Educational	_____	Scientific
_____	Museum	_____	Transportation
_____	Industrial	_____	Medical / Health
_____	Military	_____	Other: _____
_____	Communications		_____
_____	Religious		_____
_____	Community Development		_____
_____	Exploration / Settlement		

6. NUMBER OF RESOURCES WITHIN THE PROPOSED DISTRICT

Number of properties that are contributing: _____
 Number of properties that currently are noncontributing: _____

7. PHYSICAL DESCRIPTION

Architectural Classification(s):

Primary Exterior Building Materials, Foundation, etc.

Description of the present and original (if known) physical appearance:

Please use a continuation sheet to describe the proposed district.

8. SIGNIFICANCE

In order to be considered as a historic district, it must meet at least one of the following criteria:

A) Historic:

1. ____Area has significant character, interest, or value as part of the development, heritage or cultural characteristic of the city, state or nation; or is associated with the life of a person significant in the past; or
2. ____Area represents a historic event with significant effect upon society.

B) Cultural:

1. ____Area exemplifies the cultural, political, economic, social or historic heritage of the community;
or
2. ____Area represents an aspect of community sentiment or pride.

C) Architectural and Engineering:

1. ____Representative of an era in history characterized by a distinctive architectural style; or
2. ____Embodies specific, distinguishing characteristics of an architectural or engineering type; or
3. ____Representative work of a designer or 'master' whose work has significantly influenced the development of the community; or
4. ____Contains elements or design, detail, material or craftsmanship which represent a significant innovation; or
5. ____Represents an architectural style, detail or other element in danger of becoming extinct.

D) Archaeological:

1. ____Important to history or pre-history based on physical evidence yielded or may be likely to yield from within the area.

E) Geographical:

1. ____Owing to its unique location or physical characteristics, represents an established and familiar visual feature of a neighborhood or the city.

[illegible]

Architects / Builders: Please list contributing architects and builders, if known:

Number of properties: _____
Acreage of proposed district: _____

11. FORM PREPARED BY

name / title: _____

agency _____

address _____

phone & fax no. _____

email address _____

12. NEIGHBORHOOD ASSOCIATION / PRESERVATIONIST

Neighborhood Preservation Liaison:

name: _____

address: _____

phone & fax no. _____

email address: _____

FOR LANDMARK COMMISSION USE ONLY:

previous nomination for local designation (date): _____

reason not designated: ____ criteria not met ____ unacceptable physical condition

recommendation of Landmark Commission: ____ eligible for local designation

____ ineligible on basis of information at this time

____ eligible on condition of _____

Council Action: designated as a Wichita Falls Historic District _____

ordinance number _____

date _____

APPENDIX C

Continuation Sheets



HISTORIC DISTRICT NOMINATION FORM CONTINUATION SHEET

Form Title: _____

Section Number: _____

Page: _____

APPENDIX D - PROPERTY OWNER RESPONSE FORM

HISTORIC DISTRICT NOMINATION

To have your comments presented to the Landmark Commission and considered in their review of the application, please, return this form to the address at the bottom of this page.

Application to Nominate the proposed area for Historic District Designation

If this historic designation is approved, we the undersigned, are aware, that the City has recognized the district worthy of protection and preservation, and, as such, any plans for improvements or exterior modifications to any property within the district other than ordinary repair and maintenance must be reviewed and approved through the Design Review process with the Landmark Commission.

Please indicate (with an 'X') if you are:

[] In Favor

[] Opposed

[] No Opinion

Note: Please provide additional written comments in order to assist the Landmark Commission understand your concerns.

Signature (owner or authorized representative)

Date

Please provide us with your daytime phone number: _____

Please indicate below your name and address:

RETURN TO:

TALLY SHEET - Property Owner RESPONSE Form

Name of Property Owners	Property Address	Telephone No.	In Favor	Opposed	No Opinion
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The following tally of property owner(s) of property within the proposed area for designation have filed Property Owner Response Forms stating their opinion either In Favor, Opposed or No Opinion regarding the nomination of the proposed area as a *Wichita Falls Historic District* with the City of Wichita Falls Landmark Commission and City Council.

[illegible]

(If additional tally pages are necessary, please make copies of this sheet.)